

~~MULTIPLE~~ DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10815890

FILING DATE 3-31-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4	/					
5						
6	/					
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10	/					
11	/					
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46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	9	←	←	←		
TOTAL CLAIMS	22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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59						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]